ORDER FOR SUPPLIES AND SERVICES			IMPORTANT: See instructions in GSAR 553.370-300-1 for distribution			PAGE 1 OF 1 PAGE(
1. DATE OF ORDER		2. ORDER NUMBER		3. CONTRACT NUMBER			4. ACT NUMBER			
01/07/2019 FOR 5. A		47QFLA19F0021 CCOUNTING CLASSIF		GS-06F-1083Z			A21973598 6. FINANCE DIVISION			
GOVERNMENT	FUND	ORG	B/A CODE	O/C CODE	AC	SS		VENDOR N	IAME	
USE ONLY	285F	CODE Q05FA000	AA20	25						
	FUNC CODE AF151	C/E CODE H08	PROJ./PROS. NO.	CC-A	MDL	FI		G/L DEBT		
	W/ITEM	СС-В	PRT./CRFT		Al	LC		DISCOUNT		
(b) (4)	. ,	ss and zip o	ode)		8. TYPE OF ORDER B. DELIVERY			REFERENC	DE YOUR	
NSERSO CORPORA 1900 GALLOWS RD S	TE 750				Please furnish the fol and the attached she					
VIENNA, VA 22182409 United States b) (4)	3 8				This delivery order is form and is issued su contract.	subject to	instructions o	ontained on	this side only of h	
					C. MODIFICATION N P00000			AUTHORIT	Y FOR ISSUING	
					TYPE OF MODIFICA	ITION:				
			9B. CHECK, IF WITHHOLD 20			Except as provided herein, all terms and conditions of the original order, as heretofore modified, remain unchanged.				
10A. CLASSIFICATION BBA Certified 8(a) Program Participant					-	10B. TYPE OF BUSINESS ORGANIZATION				
1. ISSUING OFFICE	(Address, zip			SS (MANDATOR)	y) 13. SHIP TO(Consign	13. SHIP TO(Consignee address, zip code and telephone no)				
SSA Region 05 76		7611 LITTL	NSERSO CORPORATION 7611 LITTLE RIVER TPKE		2261 Hughes Ave, ST	Corydon Doerr 2261 Hughes Ave, STE 153				
Jennifer Gherardini 1710 Corporate Crossing Suite#3		ANNANDALE, VA 22003-260 United States		02	JBSA Lackland, TX 78 United States	3236				
)Fallon, [°] L 62269-111 [,] Inited States 618) 622-5808	ı				210-395-9661					
4. PLACE OF INSPE	ECTION AND A	CCEPTANC			N OFFICE (Name, symb	ol and tele	ephone no)			
Corydon Doerr 261 Hughes Ave, STI	E 153			Lindsey J Mitchell GSA Region 05	indsey J Mitchell SSA Region 05					
BSA Lackland, TX 78 Inited States	236				1734 Corporate Crossing, Suite 2 DFallon, IL 62269-3734					
				United States 618-206-5217						
6. F.O.B. POINT			18. DELIVERY F.O.B. POINT ON OR BEFORE 02/27/2020			19. PAYMENT/DISCOUNT TERMS NET 30 DAYS / 0.00 % 0 DAYS / 0.00 % 0 DAY				
, countation		NO.		20. SCHI		į i de	21 00 D/1107	0.00 70 0 07	1070.00 70 0 071	
are hereby incorporal Performance Work ! Contractor quote da FON Terms and Cor I. Base Year (include 2. Base Period Fundi Phase In (b) (4) CLIN 0001 Labo (b) CLIN 0002 Optional C CLIN 0003 Travel/OD	Statement (PWS ted 17 Oct 18 dditions s Phase In) Pering is as follows:) AMD 1		y 28, 2019 to Febr	uary 27, 2020					
TOTAL FUNDED \$46 TOTAL EXERCISED	& UNFUNDED		1 17:							
TOTAL FUNDED \$46 TOTAL EXERCISED	& UNFUNDED	252.232-700 PPLIES (DR SERVICE B)	≣S	QUANTITY ORDERED (C)	JNIT (D)	UNIT PI		AMOUNT (F) \$464,883.	
ITEM NO. (A) TOO01	SUI Base Year (Pha	PPLIES (DR SERVICE B) se Period)		ORDERED (C)	(D)	(E)		(F)	
TOTAL FUNDED \$46 TOTAL EXERCISED FFP Payment Schedule (4) TTEM NO. (A)	SUI Base Year (Pha	PPLIES (DR SERVICE B) se Period)		ORDERED (C)	(D)	(E)		(F)	

Specified in QUOTE		TOTAL	
24. MAIL INVOICE TO: (Include zip code)	25A. FOR INQUIRIES REGARDING PAYMENT CONTACT: GSA Finance Customer Support	25B. TELEPHONE NO. 816-926-7287	
General Services Administration (FUND) The contractor shall follow these Invoice			
Submission Instructions. The contractor shall submit invoices electronically by logging into the ASSIST portal (https://portal.fas.gsa.gov), navigating to the appropriate order, and creating the invoice for that order. For additional assistance contact the ASSIST Helpdesk at 877-472-4877. Do NOT submit any invoices directly to the GSA Finance Center (neither by mail nor via electronic submission).	26A. NAME OF CONTRACTING/ORDERING OFFICER(<i>Type</i>) Jennifer Gherardini	26B. TELEPHONE NO. (618) 622-5808	
	26C. SIGNATURE Jennifer Gherardini 01/07/2019		
GENERAL SERVICES ADMINISTRATION	1. PAYING OFFICE	GSA FORM 300 (REV. 2-93)	